## WASHINGTON

## MAIL-IN VOTER REGISTRATION APPLICATION

## Shaded Areas Not Required

You can use this form to: • register to vote • report that your name or address has changed • register with a party Please print in blue or black ink	ı	This space is	s for official use or	nly.
1 Mr. Mrs. Mrs. Ms. Last Name	First Name		Middle Name(s)	(Circle one) Jr Sr II III IV
Address (see instructions) — Street (or route and box	x number) Apt., or Lot #	City/Town	State	Zip Code
3 Address Where You Get Your Mail If Different From	m Above (see instructions)	City/Town	State	Zip Code
4 Date of Birth / Month Day Year 5 Telephone Number (optional)		6 ID Number (see item 6 in the instructions for your State)		
7 Choice of Party (see Item 7 in the instruction	ons for your State)	8 Race or Ethnic	Group (see item 8 in the i	nstructions for your State)
I swear/affirm that:  I am a United States citizen I meet the eligibility requirements of my state and subscribe to any oath required. (See item 9 in the instructions for your state before you sign.)		Please sign	n full name (or pu	ıt mark) ↓
The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be subject to a fine or imprisonment or both under Federal or State laws.		Date: Month Day Year		
10 If the applicant is unable to sign, who helped the app	olicant fill out this application	on? Give name, addre	ess and phone number (pl	hone number optional).
Please fill out the sect If this application is for a change of name	ions below what was your nar	if they a	apply to y	You. Fold here
	First Name		dle Name(s)	(Circle one)
				Jr Sr II III IV
If you were registered before but this is the first time you a	re registering from the add	dress in Box 2, what v	was your address where yo	
	Apt, or Lot #	_	was your address where you	
If you were registered before but this is the first time you a	Apt, or Lot #	City/Town	State	u were registered before? Zip Code

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Complete all Items 1 through 10 that are **not** shaded. **Sign and date** the form.

**Item 2:** If this is the first time you are registering from this address, print the address where you were registered before in Item B. Do not use a post office box or rural route without a box number.

**Item 3**: Complete this item only if your mail address is different from Item 2.

Item 6: Leave blank.

**Item 7:** You do not have to register with a party if you want to take part in that party's primary election, caucus, or convention.

Item 8: Leave blank.

Item 9: To register in Washington you must:

• be a citizen of the United States

- be a legal resident of Washington State, your county and precinct for 30 days immediately preceding the election in which you want to vote
- be at least 18 years old by election day
- not be convicted of infamous crime, unless restored to civil rights
- not be judicially declared mentally incompetent.

In addition, if this form is used for:

**A. NAME CHANGE**: Complete Item A.

B. ADDRESS CHANGE: Complete Item B.

## C. VOTING RESIDENCE PHYSICAL DESCRIPTION:

Complete Item C if it is needed to clarify the physical location of voting residence (legal).